D5395

PTO/SB/01 (10-01)
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Attorney Docket Number

DECLARATION FOR	R UTILITY OR	Attorney Bocket Hun	<u> </u>	· ·			
DESIGN		First Named Inventor Gerald L. Larson					
PATENT APPLICATION		COMPLETE IF KNOWN					
(37 CFR 1	.63)	Application Number		/			
Declaration Declaration		Filing Date	•				
Submitted OR with Initial	Submitted OR Submitted after Initial						
Filing	(37 ČFR 1.16 (e)) required)	Examiner Name					
As the below named inventor, I hereby declare that:							
My residence, mailing address, and ci	tizenship are as stated below	w next to my name.					
I believe I am the original and first inve	entor of the subject matter w	hich is claimed and for whi	ch a patent is sou	ght on the invention entitled:			
Modularized Power Take-Off Systems For Vehicles							
	(Title of the In	vention)					
the specification of which							
is attached hereto							
OR							
was filed on (MM/DD/YYYY)		as United States A	pplication Number	or PCT International			
L							
Application Number	and was amende	d on (MM/DD/YYYY)		(if applicable).			
I hereby state that I have reviewed and any amendment specifically referred to		f the above identified specif	fication, including	the claims, as amended by			
I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.							
I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.							
Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached? YES NO			
Additional facilities in the state of the st							
Additional foreign application nul	mbers are listed on a supple	mental priority data sheet f	210/SB/02B attac	hed hereto:			

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DECLARATION — Utility or Design Patent Application

Direct all correspondence to: Customer Number or Bar Code Late	1.30410	OR Con	respondence address below		
Jeffrey P. Calfa, International Truck Intellectual Property Company, LLC.					
Address 4201 Winfield Road, P.O. Box	1488				
City Warrenville		State Illinois	ZIP 60555		
Country USA Te	elephone	630-753-3023	Fax 630-753-3982		
I hereby declare that all statements made herein of my are believed to be true; and further that these stateme made are punishable by fine or imprisonment, or both, validity of the application or any patent issued thereon.	ents were made with	the knowledge that willful false	statements and the like so		
NAME OF SOLE OR FIRST INVENTOR :	A petition ha	as been filed for this unsign	ned inventor		
Given Name (first and middle [if any]) Gerald L.	0	Family Name Larson or Surname			
Inventor's Signature Sevala X. La	nn		25 Aug. 2003		
Fort Wayne Residence: City	IN State	United States Country	United States Citizenship		
9603 W. Cove Court					
Fort Wayne	IN State	46804 ZIP	United States Country		
NAME OF SECOND INVENTOR:	A petition has	been filed for this unsigne	d inventor		
Given Name Colin J. (first and middle [if any]) / Family Name Casey or Surname					
Inventor's Signature Oli Casey Date 25 AUG 2003					
Fort Wayne Residence: City	IN State	United States Country	United States Citizenship		
6133 Southampton Mailing Address					
Fort Wayne City	IN State	46814 ZIP	United States Country		
Additional inventors are being named on the _1_ supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.					

Please type a plus sign (+) inside this box	_	1
type a pies sign (1) inside this box		1 —

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DECLARATION

ADDITIONAL INVENTOR(S)
Supplemental Sheet
Page _1_ of _1_

	_						
Name of Additional Joint Inventor, if a	ny:			A petitio	on has been file	ed for th	nis unsigned inventor
Given Name (first and middle [if any])					Family Nan	ne or S	umame
Charles E.				Howard			
Inventor's Signature Man E H	/ ~	Ĵ	2				Date 8//8/63
Residence: City Silver Lake	Stat	te IN		Country	United Sta	ites	Citizenship U.S.A.
Mailing Address	_			-			
Mailing Address							
City Silver Lake	Sta	te ^{IN}		ZIP	46982	Countr	United States
Name of Additional Joint Inventor, if ar	ıy:	-		A petition	has been filed	for this	s unsigned inventor
Given Name (first and middle [if any])				Family Nan	ne or Si	urname
Inventor's Signature	· · ·						Date
Residence: City	Sta	ite		Country			Citizenship
Mailing Address							
Mailing Address							
City	Sta	ate		ZIP		Cour	ntry
Name of Additional Joint Inventor, if ar	ıy:	[□ A	petition	has been filed	for this	unsigned inventor
Given Name (first and middle [if any])				Family Name or Surname			
							-
Inventor's Signature Date				Date			
Residence: City State			Country		_	Citizenship	
Mailing Address							
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City	State)		ZIP		Co	untry

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POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Application Number	
Filing Date	
First Named Inventor	Gerald L. Larson
Group Art Unit	
Examiner Name	
Attorney Docket Number	D5395

I hereby appoint:					
Practitioners at Customer Number OR Practitioner(s) named below:	30410 Place Customer Number Bar Code Label here				
Name	Registration Number				
Dennis K. Sullivan	26,510				
Jeffrey P. Calfa	37,105				
Neil T. Powell	45,020				
Susan L. Lukasik	35,261				
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I am the: ⚠ Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).					
SIGNATURE of Applica	nt or Assignee of Record				
Name	Gerald L. Larson				
Signature Yerald Elanon					
Date Aug UST	Date Avg UST 18, 2003				
NOTE: Signatures of all the inventors or assigneed of record of the forms if more than one signature is required, see below.	entire interest or their representative(s) are required. Submit multiple				
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Examiner Name	
Attorney Docket Number	D5395

Practitioners at Customer Number OR Practitioner(s) named below: Name Registration Number Dennis K. Sullivan Jeffrey P. Calfa Neil T. Powell Susan L. Lukasik as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.				
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Name Registration Number Dennis K. Sullivan 26,510 Jeffrey P. Calfa 37,105 Neil T. Powell 45,020 Susan L. Lukasik 35,261 as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all				
Dennis K. Sullivan Jeffrey P. Calfa Neil T. Powell Susan L. Lukasik 37,105 45,020 Susan L. Lukasik 35,261 as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all				
Jeffrey P. Calfa Neil T. Powell Susan L. Lukasik 37,105 45,020 Susan L. Lukasik 35,261 as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all				
Neil T. Powell Susan L. Lukasik 45,020 35,261 as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all				
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I am the:				
Applicant/Inventor.				
Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).				
SIGNATURE of Applicant or Assignee of Record				
Name Olin J. Casey				
Signature Colif Casey				
Date 18 AUG 2003/				
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multip				
forms if more than one signature is required, see below*. Total of 3forms are submitted.				

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Attorney Docket Number	D5395

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Dennis K. Sullivan 26,510					
	Jeffrey P. Calfa 37,105				
Neil T. Powell		45,020			
Susan L. Lukasik		35,261			
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SIGNATURE of Applicant or Assignee of Record					
Name	Charles E. l	Howard			
Signature DUE H					
Date 8//8/63					
NOTE: Signatures of all the inventors of assignees of record forms if more than one signature is required, see below.	d of the entire interest or	their representativ	e(s) are required. Submit multiple		
★Total of 3forms are submitted.					